

Appendix 1

Pre-Contract Documents

Appendix 1 contains documents that must be submitted to OVCS for completion of the pre-contract requirements for this Program Year.

This includes the Program Design and Management Plan, and
Certifications

Certification of Approval of Use of Federal Funds

***Important Note: This Certification must be submitted by any organization that has included any type of Federal funds as match on the application budget.**

Organization Name			
Program Name			
<p>My signature below certifies that the organization named above has received approval in the form of a letter on the respective Federal agency's letterhead authorizing the organization to use agency funds as match toward the AmeriCorps *State Grant.</p> <p>Important Note: Copies of letters of approval must be submitted along with this certification. Failure to submit the letter(s) of approval by the required deadline may result in withdrawal of funding offer.</p>			
Name of Federal Agency		Amount of Funds Used as Match	
		\$	
Name of Federal Agency		Amount of Funds Used as Match	
		\$	
Name of Federal Agency		Amount of Funds Used as Match	
		\$	
Certification		Authorized Representative's Name & Title	
Date		Authorized Representative's Signature	

Sworn and subscribed before me, a Notary Public, in and for the Commonwealth of Virginia, this _____ day of _____, 20____.

Notary Public: _____

My commission expires: _____

Certification of Availability of Matching Funds

Organization Name			
Program Name			
My signature below certifies that the organization named above is obligating matching funds as detailed below toward implementation of its 2013-14 Virginia AmeriCorps *State Grant.			
Cash Amount	\$		
In-Kind Amount	\$		
Total Amount	\$		
<i>This certification must be signed by an individual who has the legal authority to obligate funds for the organization.</i>			
Certification		Authorized Representative's Name	
Date		Authorized Representative's Signature	

Sworn and subscribed before me, a Notary Public, in and for the Commonwealth of Virginia, this _____ day of _____, 20____.

Notary Public: _____

My commission expires: _____

Certification of Organization Authorization

Organization Name			
Program Name			
<p>The authorizing official below certifies that for the purpose of this AmeriCorps grant: (A) only the following individuals are authorized to sign the contract (and any amendments) between this organization and the Virginia Dept of Social Services; and (B) only the following individuals are authorized to sign the Periodic Expense Reports for reimbursement by the Virginia Dept of Social Services:</p>			
A. Contract Signatories		Signatures	
Name and Title			
Name and Title			
B. Periodic Expense Report Signatories		Signatures	
Name of Program Director			
Name of Finance Director			
Name of Alternate			
<p>The affiant does further state that all payments made by the Department of Social Services pursuant to AmeriCorps should be made only to the named payee and address below, which the affiant certifies to be authorized to receive such funds at the address below:</p>			
Payee/Subgrantee (Organization Legal Name)			
Contact Name/Title			
Address			
Email Address		Federal Identification Number (FIN)	

<u>Certification</u>		Signature of Authorizing Official
Name and Title of Authorizing Official		

Sworn and subscribed before me, a Notary Public, in and for the Commonwealth of Virginia, this _____ day of _____, 20_____.

Notary Public: _____

My commission expires: _____